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| NF02* Form DCSC | Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) An outbreak of any notifiable disease[†] |  Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte |
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| Section 1. Centre details | |
|--------------------------------------|--|
| Centre name | |
| Centre ID (OSV) | |
| Unit or ward name (if applicable) | |

| Section 2. Details of the outbreak | |
|---|--|
| Start date of onset outbreak | |
| What is the diagnosed cause of the outbreak? | |
| Date of medical diagnosis | |
| If the diagnosis is unknown or not yet confirmed, please state: <ol style="list-style-type: none"> 1. Symptoms 2. Suspected diagnosis | |
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* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at www.higa.ie

[†] A notifiable disease is one that has been identified and published by the Health Protection Surveillance Centre.

Section 2. Details of the outbreak

Is this the **first** outbreak of this nature at the designated centre?

Yes No

If **no**, how many previous outbreaks has there been in the last 12 months?

Section 3. Resident's details

How **many** residents have been affected?

Please complete the following details for **each resident affected**

Resident's unique identifier[‡]

Describe the current **status of the resident**

| Resident's unique identifier [‡] | Describe the current status of the resident |
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Please continue on a separate photocopy of this section if necessary.

[‡] For more information on unique identifiers, see HIQA's statutory notification guidance

Section 4. Staff details

Have any staff members been affected by the outbreak?

Yes No

If **yes**, please state:

1. The number of staff affected?

2. How staffing numbers and skill mix were maintained?

Section 5. Additional information

What agencies were notified and what samples have been sent for analysis?

What measures have been taken to prevent or reduce the risk of another outbreak?

Please include any **additional information** applicable to this notification:

Section 5. Additional information

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Section 6. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

| | |
|--|---|
| Name (print) | |
| Position | Person in charge <input type="checkbox"/> Other <input type="checkbox"/> |
| If you ticked other , please specify your role in the designated centre | |
| Signed | |
| Date | |
| Contact number (during office hours) | |

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: notify@hiqa.ie